



IDAHO DEPARTMENT OF
HEALTH & WELFARE

JAMES E. RISCH – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

November 30, 2006

Lynne Huyck, Administrator
135 N Baldy Mtn Rd
Sandpoint, ID 83864

License #: RC-668

Dear Ms. Huyck:

On November 8, 2006, a life safety code survey was conducted at Huckleberry Retirement Homes Llc - Iv. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Mark Grimes, Health Facility Surveyor, Facility Fire, Life Safety, and Construction Program, at (208) 334-6626.

Sincerely,

MARK GRIMES
Team Leader
Health Facility Surveyor
Facility Fire Safety & Construction Program

MG/slc

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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FILE COPY

November 14, 2006

Lynne Huyck, Administrator
Huckleberry Retirement Homes LLC - IV
135 N Baldy Mtn Rd
Sandpoint, ID 83864

Dear Ms. Huyck:

On November 8, 2006, a life safety code survey was conducted at Huckleberry Retirement Homes LLC - IV. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by December 8, 2006.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES
Supervisor
Facility Fire Safety & Construction Program

MG/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R668	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 11/08/2006
NAME OF PROVIDER OR SUPPLIER HUCKLEBERRY RETIREMENT HOMES LLC - P		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 HEMLOCK COURT SANDPOINT, ID 83864		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on November 8, 2006. The surveyor conducting the survey was:</p> <p>Mark P. Grimes, Supervisor Facility Fire Safety & Construction</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6699

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If continuation sheet 1 of 1



ASSISTED LIVING

Non-Core Issues

Punch List

Facility Name Huckleberry Retirement Homes <u>IV</u>	Physical Address 1513 Hamlock Ct.	Phone Number 255-5999
Administrator Lynne Huyck	City Sand Point	ZIP Code 83864
Survey Team Leader Mark Grimes	Survey Type FLS	Survey Date 11/08/06

NON-CORE ISSUES

[illegible]

Response Required Date 12/08/06	Signature of Facility Representative Bablu Kuntur
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